

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753817

FILED
Apr 03, 2009
Secretary of State

Entity Name: GOLDEN RAIN TREE I HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

TRANSCONTINENTAL PROP.
1323 LYONS ROAD
POMPANO BEACH, FL 33063 US

Current Mailing Address:

1323 LYONS RD
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

TRANSCONTINENTAL PROP.
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

New Mailing Address:

TRANSCONTINENTAL PROP.
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

FEI Number: 59-2035580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ
319 SE 14TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTD () Delete
Name: GOCINSKI, MARY A
Address: 2651 NW 42 AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: SHEBER, ALFRED
Address: 2637 NW 42 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: P () Delete
Name: FALIKOWSKI, BETH
Address: 2659 NW 42ND AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: V () Delete
Name: ESTOK, SHARON
Address: 2579 NW 42 AVENUE
City-St-Zip: COCONUT GROVE, FL 33066

Title: S () Delete
Name: MORALES, DEBRA
Address: 2767 NW 42 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTD (X) Change () Addition
Name: GOCINSKI, MARY ANN
Address: 2651 NW 42 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: D (X) Change () Addition
Name: SHEBER, ALFRED
Address: 2637 NW 42 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: P (X) Change () Addition
Name: FALIKOWSKI, BETH
Address: 2659 NW 42 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: V (X) Change () Addition
Name: ESTOK, SHARON
Address: 2579 NW 42 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOVE ASHURST

MGR.

04/03/2009

Electronic Signature of Signing Officer or Director

Date